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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Bangladesh
Support for a comprehensive population programme

Proposed UNFPA assistance :	$35 million, of which $28 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $7 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years (1991-1995)
Estimated starting date:	January 1991
Executing agencies:	Government of the People's Republic of Bangladesh United Nations International Labour Organisation (ILO) Food and Agriculture Organization of the United Nations (FAO) United Nations Educational, Scientific and Cultural Organization (UNESCO) National and International NGOs
Government Co-ordinating agency :	Ministry of Health and Family Welfare

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BANGLADESH

Demographic facts

Population Total (000)	
Total	115,593
Males	59,560
Females	56,033
Sex ratio (/100 females)	106.3
Urban	15,759
Rural	99,834
Per cent urban	13.6
Population in year 2000 (000)	150,589
Functional age groups (%)	
Young child: 0-4	16.5
Child: 5-14	27.4
Youth: 15-24	20.6
Elderly: 60+	4.6
65+	2.9
Women: 15-49	22.7
Median age (years)	17.7
Dependency ratios: total	87.9
(/100) Aged 0-14	82.5
Aged 65+	5.5
Agricultural population density (/hectare of arable land)	8.51
Population density (/sq. km.)	803
Average annual change (000)	
Population increase	3,325
Births	5,032
Deaths	1,707
Net migration	0
Annual population total (% growth)	2.69
Urban	5.57
Rural	2.19
Crude birth rate (/1000)	40.6
Crude death rate (/1000)	13.8
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.13
Gross reproduction rate (/woman)	2.50
Net reproduction rate (/woman)	1.87
Infant mortality rate (/1000)	108
Life expectancy at birth (years)	
Males	53.1
Females	52.6
Both sexes	52.9
GNP per capita (U.S. dollars, 1988)	170

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $35 million, of which $28 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1991, to assist the Government of Bangladesh in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $7 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be the fourth cycle of UNFPA assistance to Bangladesh and would follow the Government's fourth five-year plan (1990-1995) and the fifth cycle of UNDP's programme.

2. The proposed UNFPA programme, which would supplement and complement the Government's programme, is based on: (a) government priorities and strategies as elaborated in the fourth five-year plan, particularly those for the health and family welfare sector; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission as well as those of a UNFPA-organized study of the population programmes of four South Asian countries, including Bangladesh; and (c) extensive discussions with the senior officials of the Planning Commission and the various sectoral ministries, as well as with representatives of agencies of the United Nations system, universities, non-governmental organizations (NGOs) and bilateral donors in the population field.

3. The population goal of the Government is to regulate the population growth rate by achieving a net reproduction rate of 1 by 2005. Targets set in the fourth five-year plan include: (a) increasing the contraceptive prevalence rate from about 33 per cent in 1989 to 50 per cent in 1995; (b) reducing the crude birth rate from 35.2 per 1,000 to 30.1 and the crude death rate from 13.6 per 1,000 to 12.0; and (c) reducing infant mortality from 110 per 1,000 live births to 80 per 1,000 and reducing maternal mortality from 5.7 per 1,000 deliveries to 4.5. The population growth rate is targeted to drop from 2.16 per cent in 1990 to 1.81 per cent by 1995. The strategy designed to achieve these goals focuses on mobilizing community participation, decentralizing programme management, increasing financial allocations, developing human resources and enhancing the role of non-governmental organizations (NGOs) in programme implementation. The government targets are quite high, and their achievement will require sustained and strong programme efforts.

4. The broad objectives of the proposed UNFPA programme would therefore be to assist the Government in: (a) building national capacity for policy analysis and for population programme planning, implementation, evaluation and co-ordination; (b) enhancing the outreach capability of the Ministry of Health and Family Welfare; (c) promoting the integration of women into mainstream development activities; and (d) institutionalizing formal and non-formal population information, education and communication (IEC). The strategy of the proposed programme includes: helping bridge critical gaps in key areas for which available assistance is considered inadequate; upgrading the quality and accessibility of maternal and child health/family planning (MCH/FP) services, with increasing emphasis on community participation, training, risk-approach assessment, and institutionalization of an effective management and monitoring system; defining a culturally-sensitive strategy for population IEC; developing a plan of action for implementing the Government's multi-sectoral strategy for mainstreaming women's concerns into development activities; and strengthening selected training and research institutions and establishing appropriate mechanisms for co-ordination between these institutions.

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5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

6. Bangladesh is the ninth largest and most densely populated country in the world (803 persons per square kilometre in 1990). According to United Nations population projections, the population has increased from approximately 43 million in 1951 to 90 million in 1981 to 115.6 million in 1990. The rate of natural increase of 2.2 per cent implies that the population will double in 32 years. If the Government's current target of a net reproduction rate of 1 (replacement level) by the year 2005 were achieved, the population could be expected to climb to 137 million by the turn of the century, and to about 154 million by the year 2010.

7. The majority (85 per cent) of the people of Bangladesh live in poverty. More than four fifths of the population live in rural areas and are involved largely in subsistence agriculture, which absorbs more than 70 per cent of the Bangladesh labour force. Rapidly increasing migration from rural to urban areas continues to heighten urban poverty. Pervasive malnutrition, mass illiteracy (75 per cent), endemic unemployment, high maternal and infant mortality, underemployment and landlessness are among the major problems affecting the people, especially women, who are even more disadvantaged socially, economically, legally and educationally than men. Economic conditions are characterized by an extremely low rate of savings and investment, low agricultural output (despite fertile soil and abundant water reserves), worsening terms of trade, decline in the real value of development co-operation, and increasing dependence on foreign aid. The GNP per capita of the country ($170 according to recent World Bank figures) is among the lowest in the developing world, its annual growth rate during the past two decades being merely 0.4 per cent. The total annual foreign exchange lost as a result of the crisis in the Gulf is estimated at $700 million.

8. Despite such socio-economic problems, the Government has made valiant efforts in tackling development problems. Total expenditure on health and related activities more than tripled during the period 1981/82 and 1987/88, resulting in improved health facilities and extended coverage. Between 1976 and 1986, the number of hospitals rose from 131 to 764, the number of registered doctors almost tripled, from 5,723 to 16,090, and the number of registered nurses increased by about five times. In addition, female employment outside the household increased, albeit only slightly, and the activities of the female labour force were diversified somewhat, encompassing some non-agricultural tasks. The programme to moderate population growth helped raise contraceptive prevalence levels from 18 per cent in 1981 to 33 per cent in 1989; and there is a growing awareness in the country of the linkages between demographic dynamics and development issues. The Government considers the population growth rate as the "number one problem", and there is a strong policy commitment at the highest level to resolve population issues.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

9. The Governing Council approved a total of $54 million for three UNFPA programmes in Bangladesh. The major emphasis of the third programme ($20 million for 1986-1990)) was on: (a) strengthening MCH/FP logistics and supplies and providing advisory support to the Ministry of Health and Family Welfare; (b) institutionalizing population IEC; and (c) enhancing management capabilities of NGOs. Within the framework of the UNFPA-supported programme, multi-bilateral funds from such donors as Norway, United Kingdom, the Netherlands, Belgium and Luxembourg were used to strengthen the MCH/FP programme in particular.

10. UNFPA assistance, along with that of other donors, helped, inter alia, to increase contraceptive prevalence from 25 per cent in 1985 to 33 per cent in 1989, reduce the birth rate from 39 per 1,000 in 1985 to 36.3 in 1989; and reduce infant mortality from 125 per 1,000 live births to 110 in 1989. UNFPA support also helped to strengthen the national institutions responsible for training family planning personnel and to develop guidelines for decentralizing programme management, monitoring, and for developing service statistics. Among the major constraints encountered were: (a) over-centralization of decision-making and lack of accountability at middle and lower levels of management; (b) lack of a population plan of action; (c) weak demand for family planning services and irregular and inadequate supply of contraceptives; (d) lack of a coherent national IEC strategy; (e) isolation of women from mainstream development activities; (f) inadequate integration of population variables into sectoral planning; and (g) lack of trained staff.

Maternal and child health and family planning

11. UNFPA provided $12 million to this sector during the third programme period with the aim of: (a) strengthening the MCH/FP service delivery system through support to logistics and supplies; and (b) enhancing the institutional capacity of the Ministry of Health and Family Welfare through the provision of technical advisory services, training of health personnel and the establishment of a Logistics and Supply Unit. As a result, approximately 8,300 family planning personnel have been trained in logistics, monitoring, inventory control, reporting and distribution of supplies. Improvements have taken place in the flow of commodities to district, sub-district and union levels. Moreover, the Government decided to increase systematically the number of female service providers at all levels of the health profession.

12. Despite its achievements, the project suffered from major constraints such as deficiencies in logistics support, poorly planned distribution of commodities at the district and local level, lack of operational knowledge and lack of supervision of paramedical staff. The ability to monitor in-country stocks or to make accurate forecasts of future needs at every level of the system is almost non-existent. These problems have been compounded by the lack of a regular and supportive supervisory system; absence of a good record-keeping system for effective service delivery and for monitoring, follow-up, and evaluation; inadequate training and skill updating at various levels; and a fast turn-over in programme leadership at the national level. These, coupled with the lack of adequate emphasis on the improvement of MCH/FP services, prevented the programme from attaining its demographic and MCH goals during the third five-year plan.

Information, education and communication

13. A total of 97,466 teachers were trained in population education during the first (1976 to 1980) and second (1980 to 1985) five-year plans. UNFPA and the International Development Association (IDA) provided support during the first plan period, and UNFPA alone during the second, in order to introduce

population education at various levels of the education system. Although many teachers were trained, population education was not effectively institutionalized in the formal school system. This was due primarily to the abrupt termination in 1985 of the programme, which had lost its momentum. Among the shortcomings of the programme were the failure to extend population education to all classes and a crowded education curricula that could not accommodate the addition of new subjects. As a result, there is no institutional mechanism to formulate population education guidelines and subjects for the school curriculum.

14. In the non-formal IEC area, UNFPA allocated approximately $1.75 million in order to strengthen information, education and motivational activities in support of the MCH/FP programme. Funds were provided for technical assistance, training, material production, equipment, and local salary support. As a result, thousands of community and religious leaders have been made aware of the importance of family planning and front-line MCH/FP staff have received training in communications techniques. This was accompanied by a vigorous information campaign that has resulted in a near universal knowledge of family planning.

15. UNFPA also provided technical assistance, equipment and local-salary support for a project to motivate members of rural co-operatives to use family planning services. Activities were carried out in 76 of 460 sub-districts of the co-operative societies, and population education was incorporated into various training institutes concerned with rural development and rural co-operatives. Although these activities achieved their objectives in terms of raising the contraceptive acceptance rate among co-operative members, implementation suffered somewhat because of the insufficient training of volunteers and the lack of effective interaction among co-operative officers.

16. Notwithstanding these achievements, activities in this area fell short of creating an effective demand for family planning; for instance, while the level of awareness is high, the level of contraceptive acceptance, including traditional methods, is only 33 per cent. The PRSD mission found, inter alia, that there was no IEC strategy, that the findings of various studies were neither adequately used nor fed back into the programme, and that management had been weak in terms of planning, timely monitoring and co-ordination within directorates of the Family Welfare Ministry and with outside agencies.

Data collection and analysis

17. Bangladesh has conducted two censuses, the first in 1974 and the second in 1981. UNFPA has provided assistance for each. A third census will be conducted in 1991, again with UNFPA support (see para. 29). The major constraints in the area of data collection and analysis have been: (a) lack of comparability of data; (b) underutilization of available data; (c) ineffective dissemination of results; and (d) lack of skills for data analysis and research.

Multisectoral activities

18. In addition to the above activities, UNFPA supported four small-scale projects aimed at strengthening the management capabilities of NGOs; integrating family planning training into the parasite control/nutrition programme and into family welfare education, and introducing population issues in the literacy programme.

Other external assistance

19. Besides UNFPA, major external assistance for the population programme comes from the World Bank, the United States Agency for International Development (USAID), the Asian Development Bank (ADB), and the United Nations Children's Fund (UNICEF). Bilateral donors like the Swedish International Development Authority (SIDA) and the British Overseas Development Administration (ODA) also contribute directly. The total assistance of the World Bank and its co-financers was approximately $207 million for the five-year period (1985-1990). The basic components supported were infrastructure costs, including salaries of field workers, procurement of drugs and equipment, and training of personnel. The bulk of USAID funds are channelled through NGOs and contraceptives social-marketing projects. USAID decided to discontinue the supply of condoms to the Family Welfare programme as from September 1990.

IV. PROPOSED PROGRAMME 1991-1995

20. The proposed programme would be an integral part of the Government's population programme. The broad objectives of the programme are presented in paragraph 4 above. Specific objectives are provided in the individual sectors that follow. The main thrust of the programme would be to create the conditions that the PRSD mission identified as essential to the success of the programme, namely: improved management and efficiency of service delivery; assured and regular supply of contraceptives; focused community based IEC strategy with clear objectives and specific targets; and effective co-ordination of activities between the Government, NGOs, donors and the private sector. Key activities recommended by the PRSD mission would include helping the Government: (a) to formulate a national population plan of action, bridge critical gaps in policy analysis and research, and improve access to and utilization of census and survey data; (b) to develop a low-cost, community-based programme aimed at reducing high maternal mortality and improving the quality of integrated MCH/FP services; (c) to develop an effective management information system (MIS) and upgrade procurement and monitoring functions of the logistical support system; (d) to integrate women fully into the development process; and (e) to promote the full integration of population education into the formal school system and into selected training institutions.

Maternal and child health and family planning

21. The high rate of maternal and infant mortality and the need to improve the health status of mothers and children are among the most pressing issues in Bangladesh. Among the major causes of maternal mortality are septic abortion, haemorrhage, eclampsia, obstructed labour and infection. According to a 1989 government report on maternal health, three mothers die every hour from causes related to pregnancy. Socio-cultural and religious beliefs and practices discourage women from making use of available services; acute malnutrition and under-nutrition compound the problem. Over 90 per cent of all deliveries take place at home, especially in the rural areas, and very few of these are attended by trained traditional birth attendants (TBAs). An added difficulty is the lack of government capacity to handle such functions as planning, logistics information management, forecasting, and procurement, which are currently being performed by outside technical advisers and donors. Serious gaps also exist in the generation of information and its feedback to and utilization by managerial and supervisory personnel.

22. UNFPA assistance in the MCH/FP area would focus on improving the quality of integrated MCH/FP services in the Rajshahi Division (14 districts covering approximately a quarter of the population), where service accessibility is poor, the women are more conservative than in other divisions, the literacy rate

is relatively low and there is very little intervention by other donors. The major activities of this component (in the amount of $10 million) would consist of training and retraining health personnel; enhancing and extending service delivery; and creating and strengthening referral linkages between local maternal and child welfare centres and health facilities at the sub-district, union and district level. Other components of the UNFPA programme would focus on: (a) enhancing the outreach of services by providing satellite clinics with contraceptive supplies and adequate staff and equipment to provide pre- and post-natal services and counselling, and by developing family planning modules for TBAs, who would be trained by UNICEF ($3 million); (b) institutionalizing logistics monitoring and information management within the Directorate of Family Planning through the development and training of staff ($2 million); (c) strengthening the capacity of the Directorate of Family Planning to plan, execute and monitor programmes in order to ensure the timely preparation and effective evaluation and monitoring of projects ($500,000); (d) conducting contraceptive research to identify the programme implications of use of certain methods of contraception ($500,000); and (e) setting up facilities for infertility management and the treatment of complications resulting from surgical contraceptive procedures ($1 million).

23. Supply of contraceptives. Raising the contraceptive prevalence rate from 33 per cent in 1989 to 50 per cent in 1995 would require increasing the number of acceptors from the existing 7.6 million to 1' 3 million. Given the mix of methods proposed by the Government for the fourth five-year plan period ..e cost of the contraceptives needed would be of the order of $108 million. UNFPA would provide $4 million worth of injectables, to be distributed mainly through the satellite clinics, and $500,000 for procurement of intra-uterine devices (IUDs). The volume of contraceptives required raises questions of self-sufficiency not only in procurement but also in the production of contraceptives. The Government has therefore requested UNFPA to help it initiate the production of contraceptives locally. UNFPA proposes an amount of $1.5 million to conduct a feasibility study on the local production of contraceptives, to train personnel and cover some initial costs.

24. UNFPA proposes a total of $23.5 million for the MCH/FP sector, out of which $17.5 million would come from UNFPA regular resources and $6 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

25. Population education. UNFPA proposes to provide $2 million to support the full institutionalization of population education in the country's educational system. The funds would be used to: (a) provide technical assistance to the National Curriculum and Textbook Board (NCTB) to enable it to integrate population content into the curricula of the school system; (b) introduce population education into teacher training colleges and primary teacher training institutes as well as into in-service training programmes; and (c) undertake evaluation and research. The proposed project would be part of the multi-donor General Education Project to be launched in 1991 in collaboration with UNDP, UNICEF, the Canadian International Development Agency (CIDA), ADB and IDA.

26. Non-formal IEC. As indicated above, the Government has not yet developed a national IEC strategy. This has contributed to the following major gaps in previous IEC activities: (a) lack of audience segmentation and targeted messages; (b) absence of a feedback system for the development of new messages; (c) lack of attention to opinion leaders; (d) lack of socio-cultural research to aid message differentiation; (e) need for improved skills in interpersonal communications; and (f) the unresolved issue of relatively high awareness (approximately 93 per cent both nation-wide) and low contraceptive acceptance (33 per cent).

27. In order to help the Government to address these gaps, UNFPA proposes: (a) to provide regular and refresher training for all IEC personnel in communication and related skills; (b) to build up the capability of the Population Information Centre and the IEC Unit of the Directorate of Family Welfare to develop and disseminate IEC materials; (c) to promote awareness on the status of women as well as on the interrelationship between population and development, by targeting segmented groups and strengthening the Health Education Bureau to convey family welfare and MCH messages; (d) to introduce population communication into the curriculum of the Mass Communication Department of the University of Dhaka; and (e) to provide family welfare education to co-operatives and extension workers. An amount of $3 million is proposed for these activities.

28. UNFPA also proposes to integrate population issues and family welfare messages into the mass education programme being supported by UNDP, UNICEF and UNESCO to address the special education needs of three target groups -- remedial education for the non-schooled and school drop-outs under 14 years of age; functional education for those aged 15-34; and follow-up post-literacy and continuing education for those 35-45 years of age. The aim of the programme is to increase the literacy rate of the age group 11 to 45 years from 30 per cent to 60 per cent. UNFPA would also support the launching of a parallel IEC campaign aimed at special groups, including youth and members of the Village Defence Party, which has been instructed by the Government, among other things, to use its grass-roots network to influence villagers to accept family planning services. UNFPA would provide $300,000 for these two undertakings.

29. UNFPA proposes a total of $5.3 million for the IEC sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

30. Despite the general availability of data, the data often lack consistency, which raises the question of credibility. Moreover, the national capacity for utilizing statistical data for planning and evaluation purposes is almost non-existent. There is a need therefore to authenticate existing data and to improve the collection, dissemination and utilization of data for planning purposes, at both the national and the local levels. UNFPA proposes to provide $700,000 from its regular sources and $300,000 from other sources to support the Bangladesh Bureau of Statistics in: (a) carrying out the analysis, publication and dissemination of the 1991 census results; (b) making greater use of census data, particularly at the district and sub-district levels; (c) incorporating the relevant data in all local development plans; (d) strengthening institutional capability in developing and disseminating census monographs and in thematic mapping; (e) establishing an integrated geographic information system and a population and development database; (f) disaggregating data on the participation of women in the labour force; and (g) carrying out a demographic and health survey with emphasis on maternal and child health and socio-economic correlates of infant and child mortality. These activities would be undertaken in collaboration with UNDP and other agencies active in these areas.

Population policy formulation

31. The population programme of Bangladesh is large and complex. There is a need to develop a national population plan of action to help co-ordinate the vast array of activities, institutions and donors supporting the population programme. This can best be accomplished through the Executive Committee of the National Council for Population Control (NCPC), the country's highest body for population policy formulation, and the population committees in the various sectoral ministries, which together would provide

an excellent mechanism for translating the policy decisions of the NCPC into national guidelines, operational strategies and programmatic activities. UNFPA therefore proposes to provide $700,000 to support the formulation of a national plan of action, strengthen the co-ordinating unit of the NCPC, and to undertake policy-related research and disseminate its findings.

Population dynamics

32. UNFPA proposes to provide $400,000 in order to strengthen government capability to co-ordinate population policy analysis and research and to fill critical research gaps in this area. Such assistance would be designed to enhance the national capacity to assess, monitor and evaluate important population trends and to train and develop sufficient human resources to undertake complex analytical tasks, including that of integrating population variables into development planning. In addition, with a view to strengthening the country's indigenous capacity to meet future needs in population and development planning, UNFPA would provide support to the University of Dhaka and other training and research organizations in order to build up a core group of research personnel. This would include training of government officials in the integration of population and development in sectoral planning exercises. The Fund would provide $200,000 for this purpose.

Women, population and development

33. The Government recognizes that the full participation of women in social and economic development is an absolute necessity. One of the stated objectives of the fourth five-year plan is to increase women's participation in the development process. The strategy adopted to achieve this goal is to incorporate women's issues in the country's macro-economic framework and in its sectoral planning. UNFPA activities in this area would thus seek to complement government efforts concerning the role of women in development, with particular emphasis on population considerations.

34. In order to help bridge some of the gaps identified by the PRSD mission, UNFPA proposes: (a) to strengthen the capacities of the Planning Cell in the Ministry of Women's Affairs to plan, screen, evaluate and co-ordinate women's projects in the sectoral ministries; (b) to build the capacity of the Ministry of Women's Affairs to monitor and implement women's programmes and to enhance its advocacy role; (c) to establish a management information system on women and development issues to be used for decision making and policy purposes; (d) to undertake a survey of women's participation in the labour force; (e) to help women without adequate credit to take advantage of existing credit programmes for women, to enable them to launch income-generating schemes. UNFPA proposes an amount of $2.4 million for these undertakings.

35. UNFPA also proposes to provide $1 million for four interrelated activities: extending pilot community-based education programmes specifically designed to help reduce the number of female drop-outs; supporting the Government's scholarship fund for female students to enable them to continue their studies; strengthening the management capabilities of NGOs working in the field of women in development; and raising awareness on the role of women in population and development activities. To the extent possible, UNFPA would seek joint undertakings with other organizations, particularly with UNDP and UNICEF, in implementing women's programmes.

36. Of the total of $3.4 million being proposed, UNFPA would provide $3 million from its regular resources, and $400,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

37. A reserve of $500,000 would be set aside from UNFPA regular resources to meet unforeseen needs that may arise during the period of the programme.

Programme co-ordination

38. The Ministry of Health and Family Welfare is responsible for overseeing the overall co-ordination of the population programme and for ensuring that such co-ordination looks beyond population aspects to prospects for joint programming involving other ministries under the overall direction of the NCPC. Given the magnitude of external assistance in Bangladesh, it is essential that the Government and all major donors meet periodically to exchange programme information and discuss ways to improve co-ordination. For its part, the UNFPA field office in Dhaka would ensure that UNFPA-sponsored missions and consultants would systematically be briefed by the various donors and executing agencies to keep them abreast of important developments in the country. The field office would also seek to ensure that evaluation results and the findings of population-related studies and reviews are exchanged among government ministries, donors and executing agencies. The proposed programme includes several areas of collaboration with UNFPA's partners in the Joint Consultative Group on Policy (JCGP): for example, with UNICEF (see paras. 22, 25, 28 and 35) and with other agencies (see paras. 25, 28, 30 and 35).

Programme monitoring, evaluation and management

39. Mechanisms for periodic monitoring and evaluation, including annual technical reviews and independent in-depth evaluations, would be built into each programme component. A mid-term country programme evaluation would be undertaken in 1993. Progress indicators as well as verification tools and performance criteria would be developed with a view to ensuring application of lessons learnt and improving programme quality.

40. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP. The UNFPA Country Director would be assisted by one International Programme Officer, two National Programme Officers, and other support staff.

Financial summary

41. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $35 million, of which $28 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $7 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table shows how the programme areas would accommodate these two levels of funding.

	UNFPA regular resources	Other resources	Total
Maternal and child health and family planning	17,500,000	6,000,000	23,500,000
Information, education and communication	5,000,000	300,000	5,300,000
Basic data collection and analysis	700,000	300,000	1,000,000
Population policy formulation	700,000	--	700,000
Population dynamics	600,000	--	600,000
Women, population and development	3,000,000	400,000	3,400,000
Programme reserve	500,000	--	500,000
TOTAL	28,000,000	7,000,000	35,000,000

V. RECOMMENDATION

42. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Bangladesh in the amount of $35 million for the five-year period 1991-1995;

(b) Authorize the Executive Director to commit an amount of $28 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $7 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make suitable arrangements with the Government of Bangladesh and with the executing agencies.